NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark			Date Received		Notification #: R2		
TYPE OF NOTIFICATION (O-Original,	R-Revised, C-Cancelled): R						
FACILITY INFORMATION (Identify Ov	ner, Removal Contracto	or and Other Ope	erator):					
OWNER NAME: NYCMTA								
Address: 2 Broadway								
City: New York	New York State: NY Zip: 10004							
Contact Name: Neil Crichlow Telephone: 646-252-3505						-3505		
REMOVAL CONTRACTOR: COASTAL Environmental Group, Inc.								
Address: 264 Sills Road Suite A								
City: East Patchogue			Zip:	NY	Zip: 11772			
Contact Name: Richard C. Silva, J	Contact Name: Richard C. Silva, Jr Project Manager				Telephone: 631-234-4100			
OTHER CONTRACTOR:				20.00			-1 -	
Address:								
City:			State:		Zip:			
Contact Name:					Telephone:			
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R								
IS ASBESTOS PRESENT? (YES NO) Yes								
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)								
Building Name: Joralemon Tube								
Address: IRT Lexington Avenue Line								
City: Manhattan State: N				: NY County: New York				
Site Location: Tunnels/Tracks M2 & M3								
Building Size: 10,000				oors:	Age In Years: 50 years +			
Present Use: Train Station Prior Use:								
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy								
Approximate amount of asbestos, including 1. Regulated ACM to be removed 2. Category I ACM not removed	RACM to be removed		Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below			
Category II ACM not removed		CATI	CAT I CAT II		UNIT			
Linear Feet	424	CALL						
Pipes					LnFt:	X	Ln M:	
Surface Area – Square Feet	66				SqFt:	X	Sq M:	
Vol. RACM off Facility Component					CuFt:		Cu M:	
Scheduled Dates Asbestos Removal (mm/d	Start Date: 9/3/2016			Complete Date: 9/26/2016				
Schedules Dates Demo/Renovation (mm/dd/yy) Start: Complete:								
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DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56, NYCT System Wide Variance #SSV#16-0924, SWV#14-0241, 14-0241, 14-0245, 14-0248, EPA 2/4/16, 5/21/15, 1/28/16. Methods will include double bagged for disposal purposes.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1						
Name:	Tri-State Transfer Associates, Inc.					
Address:	1199 Randall Ave					
City:	Bronx	Zip: 10474				
Contact Name:	Jamie Byrne Baranoff	Telephone: 718-617-0771				
WASTE TRANSPO	WASTE TRANSPORTER #2					
Name:						
Address:						
City:		State:	Zip:			
Contact Name:			Telephone:			
WASTE DISPOSAL	. SITE (#1 or #2)					
Name:	Minerva Enterprises, Inc.					
Location:	9000 Minerva Road, P.O. Box 709					
City:	Waynesburg	State: Ohio	Zip: 44688			
Telephone: 330-866-3435						
IF DEMOLITION O	RDERED BY A GOVERNMENT AGENCY, PLEASE ID	ENTIFY THE AGENCY BELOW:				
Name:	Title:					
Authority:						
Date of Order (mm/de	Date of Order (mm/dd/yy): Date Ordered to Begin(mm/dd/yy):					
FOR EMERGENCY RENOVATIONS						
Date and Hour of Emergency(mm/dd/yy):						
Description of the Sudden, Unexpected Event:						
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:						
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.						
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)						
	9/1/2016					
Signature of Owner/Operator Date						
I certify that the above information is correct. Q Z U Signature of Owner/Operator Date						

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Address:	264 Sills Road Suite	e A					
City: East Patchogue			Zip:	NY	Zip: 11772		
Contact Name: Richard C. Silva, J	. – Project Manager	- No. of the last		Telephone: 631-234-4100			
OTHER CONTRACTOR:							
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City:			State:		Zip:		
Contact Name:					Telephone:		
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City: Brooklyn State: NY County: Kings							
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		CAT II CAT II		CAT II	UNIT		NIT
Linear Feet	172						
Pipes					LnFt:	X	Ln M:
Surface Area – Square Feet	125				SqFt:	X	Sq M:
Vol. RACM off Facility Component					CuFt:		Cu M:
Scheduled Dates Asbestos Removal (mm/dd	Start Date: 9/3/2016			Complete Date: 9/26/16			
Schedules Dates Demo/Renovation (mm/dd/yy) Start: Complete:							

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Name:	Name:					
Address:						
City:	State: Zip:					
Contact Name:	Telephone:					
WASTE DISPOSAL	L SITE (#1 or #2)					
Name:	Minerva Enterprises, Inc.	3 a a 2				
Location:	9000 Minerva Road, P.O. Box 709					
City:	Waynesburg	State: Ohio	Zip: 44688			
Telephone: 330-866-3	3435					
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Name:	Title:					
Authority:						
Date of Order (mm/dd/yy): Date Ordered to Begin(mm/dd/yy):						
FOR EMERGENCY	Y RENOVATIONS					
Date and Hour of Emergency(mm/dd/yy):						
Description of the Sudden, Unexpected Event:						
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:						
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Signature of Owner/O	Operator $\frac{9l\sqrt{2016}}{Date}$					
I certify that the above information is correct. Signature of Owner/Operator Signature of Owner/Operator Date						

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